

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ALTERNATE NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP

(If either domestic partner, but not both partners, seek termination of partnership)

PARTNER				
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>
	<i>Residence - State</i>	<i>County</i>	<i>City/Town</i>	<i>Date of Birth</i>

PARTNER				
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>
	<i>Residence - State</i>	<i>County</i>	<i>City/Town</i>	<i>Date of Birth</i>

In accordance with Title 19-A M.R.S.A. § 2710(4)(B), the undersigned, being first duly sworn under oath, states as follows:

**THIS IS TO NOTIFY MY REGISTERED DOMESTIC PARTNER THAT I
INTEND TO TERMINATE OUR PARTNERSHIP**

If Notice of Termination of Domestic Partnership was made under this paragraph, the notice of termination will not be effective until 60 days after service is complete and the registered domestic partnership will remain in effect and subject to rescission until that date.

**A PHOTOCOPY OF THIS NOTICE OF INTENT MUST BE DELIVERED, BY ALTERNATE OR
SUBSTITUTE SERVICE, TO MY DOMESTIC PARTNER. THE ORIGINAL NOTICE MUST BE FILED
WITH THE REGISTRY LOCATED AT THE OFFICE OF VITAL RECORDS, #11 STATE HOUSE
STATION, 244 WATER STREET, AUGUSTA, ME 04333-0011 ALONG WITH A FILING FEE OF \$50.00.**

Address of Partner
initiating Termination _____

Address of Partner
receiving Notice (*If Known*) _____

Date of Service: _____

Method of Service: ☐ Personal Service ☐ Service by Mail
☐ Substitute Service in State ☐ Service by Publication
☐ Substitute Service outside State ☐ Alternate Method of Service of Notice

**The original Notice of Termination must be filed with the Registry ALONG
WITH ORIGINAL PROOF OF SERVICE.**